

Instructions for Completing the Adult Enrollment Form

The NEA should complete both the enrollment and exit form by interviewing the Participant. When enrolling several Participants at one time, such as a group setting, follow the recommended practices of the Area Coordinator.

File and process the forms as instructed by the Area Coordinator.

ENTRY FORM

Date Entered into ERS – Entered by Unit Secretary

Family ID – Entered by Unit Secretary

NEA Name

Previous Enrollment Information – Entered by NEA

- 2 **Name** Enter Participant's first and last name
- 3-6 **Address** Enter Participant's complete address
- 7 **Phone** Enter phone number where Participant can be reached
Include area code
- 8 **Age** Enter Participant's current age
- 9 **Sex** Circle Participant's sex
- 10 **Pregnant** Circle "yes" if Participant is pregnant at any time during
participation in program. Revise and notify Unit Secretary
if Participant becomes pregnant during enrollment.
- 11 **Breastfeeding** Circle "yes" if Participant was breastfeeding at any time
during participation in program. Revise and notify Unit
Secretary if Participant begins breastfeeding during
enrollment.
- 12 **Race Code** Review race codes with Participant. Ask
Participant to identify the one that best describes him/her.
Enter race code.
- 13 **Residence** Enter code that describes Participant's place of residence

- 14 **Income** Enter total income** for all persons in residence for the previous month

**Include wages, salaries, social security, public assistance, insurance payments, pensions and cash support from others. Do not include the value of Food Stamps, WIC, or other supplemental foods program benefits. For families with income from farming, use 1/12th of last year's income after expenses.

- 15 **High Grade** Enter highest grade completed by Participant
If GED was obtained, enter "GED"

- 16 **Instruction (Lesson Type)** **Avoid selecting "Both".**
Check lesson type

Group Enrollment

A group is defined as 2 or more individuals who meet together for nutrition lessons and operate separately with respect to food purchasing and preparation decisions. Participants will be enrolled as group Participants when they live together and meet the above criteria or if they live in separate households but meet together for nutrition lessons.

Individual Enrollment

When 2 members live in the same household and share resources, only enroll one of them as an individual Participant. The other household member may participate in the nutrition lessons, but would not be officially enrolled in the program

- 17 **Total Number of Lessons**
Enter total number of lessons the Participant has received at time of enrollment. Review "Lesson Clarification" document.
- 18 **Household Members**
Enter first name and age (up to age 19) of children in household.
- 19 **Number of other adults**
Enter number of other adults, age 20 and older, living in residence. Do not count Participant.
- 20 **Entry Date** Enter date of enrollment.
- 21 **Subgroup** Circle subgroup which applies

EFNEP = Enrollment requirements:

Participant must be either pregnant or have child/children under age of 18 in the home.

AND

Be enrolled in one or more food assistance programs.

ONE = Refer to current program year waivers.

- 21(a) **Gleaning** Circle yes if Participant is or will participate in the Gleaning Project. **This applies to fruits and vegetables gleaning efforts only.**
- 22 **Public Assistance at Entry**
Check all public assistance programs the Participant is enrolled in at the time of entry. **“Other” is specified as public assistance that requires low-income as eligibility. It may include; low income housing, Medicaid, or Sooner Care. DO NOT INCLUDE GLEANING**

EXIT FORM

NEA Name - Enter NEA name

- 16 **Total number of lessons**
Enter total number of lessons Participant has received at time of exit. **Review “Lesson Clarification” document.**
- 23 **Exit Reason** Check exit reason which applies
- 24 **Exit Date** Enter date of exit
- 25 **Did family receive assistance.....**
Check the public assistance programs the Participant is receiving as a result of a referral or suggestion by NEA **“Other” is specified as public assistance that requires low-income as eligibility. It may include; low income housing, Medicaid, or Sooner Care. DO NOT INCLUDE GLEANING**